Food Establishment Inspection Report - City/Town of Establishment: North End Variety Date: //19/2022 Page 1 of <u>3</u> Address: 33 Halford AVIANG Gast Time out: 0:40 N Time in: 10:19 AM Telephone: 508-278-2913 Permit No.: Number of Violated Provisions Related to Foodborne Illness Risk Factors Owner: Jay Pale and Interventions (Items 1 through 29); Person-in-charge: "/ Number of Repeat Violations Related to Foodborne Illness Risk Factors Inspector: Darle Market and Interventions (Items 1 through 29): FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection

Г	Compliance Status	IN	ουτ	N/A	N/O	cos	R
	Supervision	1	l	I			
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
	Employee Health						
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						Ĺ
5	Procedures for responding to vomiting and diarrheal events						
	Good Hygienic Practices						
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
	Preventing Contamination by Han	ds					
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
	Approved Source						
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

	Compliance Status	IN	оит	N/A	N/O	cos	R
	Protection from Contamination						Ī
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
	Time/Temperature Control for Safe	ety					
18	Proper cooking time & temperatures						
	Proper reheating procedures for hot holding						:
20	Proper cooling time and temperature						
21	Proper hot holding temperature						_
22	Proper cold holding temperature						_
23	Proper date marking and disposition						_
24	Time as a Public Health Control						
	Consumer Advisory						
	Consumer advisory provided for raw / undercooked food						
	Highly Susceptible Populations						
	Pasteurized foods used; prohibited foods not offered						
	Food/Color Additives and Toxic Subst	an	ces				
	Food additives: approved & properly used						_
	Toxic substances properly identified, stored & used						
	Conformance with Approved Proced	ure	S				
	Compliance with variance / specialized process / HACCP Plan						
		_		_			•

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion v	vith Person-in-Charge:	Molgion	MINOS	VERTY !	sy next	Inspection.

Signature of Person-in-Charge:	Date: 11 19 72
Signature of Inspector: DMW	Date: 1/19/2022

Food Establishment Inspection Report – City/Town of Under

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Establishment:	North	End	Vale	ly .	-	Dat	e: 1/19/2022	F	Page 2 of _	3
		GOOD	RETAIL	PRACTICES	AND MASSACH	USETTS	-ONLY SECTIONS	i	1000	
IN = in compliance	OUT= ou	t of comp	liance N/	O = not observed	N/A = not applicable	COS = co	orrected on-site during in	spection F	₹ = repeat vio	lation

		r			ı		
	Compliance Status	IN	ουτ	N/A	N/O	cos	R
	Safe Food and Water						
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
	Food Temperature Contro	ol					
33	Proper cooling methods used; adequate equipment for temperature control	1	May.			88	
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate		V			V	
	Food Identification						
37	Food properly labeled; original container						
	Prevention of Food Contamin	atio	n				
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
	Proper Use of Utensils						
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
	Utensils, Equipment and Ven	ding	3				
	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status IN OUT NA NO CO Warewashing facilities: installed, maintained, & used; test strips	s R
Warewashing facilities: installed,	S R
maintained, & deed, test strips	
49 Non-food contact surfaces clean	
Physical Facilities	
Hot & cold water available:	T
adequate pressure	
Plumbing installed; proper backflow devices	
52 Sewage & waste water properly disposed	
Toilet features: properly constructed, supplied, & cleaned	
Garbage & refuse properly disposed; facilities maintained	
Physical facilities installed, maintained, & clean	
Adequate ventilation & lighting; designated areas used	·
Additional Requirements listed in 105 CMR 590.011	
Anti-choking procedures in food service establishment	
M2 Food allergy awareness	
Review of Retail Operations listed in 105 CMR 590.010	
M3 Caterer	
M4 Mobile Food Operation	
M5 Temporary Food Establishment	
M6 Public Market; Farmers Market	
Residential Kitchen; Bed-and- Breakfast Operation	
Residential Kitchen: Cottage Food Operation	
M9 School Kitchen; USDA Nutrition Program	
M10 Leased Commercial Kitchen	
M11 Innovative Operation	
Local Requirements	
L1 Local law or regulation	
L2 Other	

		,
Type of Operation(s):	Type of Inspection:	Other Information:
☐ Food Service Establishment	t ⊻ Routine	
☑ Retail Food Store	☐ Re-inspection	
☐ Residential: Cottage Foods	☐ Pre-operational	
☐ Residential; Bed &	☐ Illness investigation	
Breakfast	☐ General complaint	•
☐ Mobile/Pushcart	☐ HACCP	
☐ Temporary Food Estab.	☐ Other	
□ Other		•

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Signature of Person-in-Charge:	Date:	11/19	22
Signature of Inspector:	Date:	1/19/2022	•

Food Establishment Inspection Report – City/Town of Ukbridge

Establishment: N∘A∖	End	Verily	Date: 1/19/2022	Page <u>3</u> of <u>3</u>

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°
MILK Fringe	3 1				
DIANTS C-Place	35				
Friezer	-2			•	
· ·					

		Observations and/or Corrective Actions	
Item		I in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food	
Number	Section of Code	Description of Violation ((as)	Date to Correct By
		Thermometer in Preezer Is broken: repair/replace	
	5-6117	No covered trash in bathroom and	,
	J J #214	140 COVER 17 WS11 175 Data 1 Mayer	
	12-11/	11 1 . 4 // 11 // (11 1 . 4 /)	
	6-301.11	Handsink not labelled (no "hand wath only)	
		Expired diel sada (discorded valuntarily)	
		,	
		Note ballroom her no ventilation	

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Signature of Person-in-Charge:	Date: 11 / 1 q 2 2 2
Signature of Inspector:	Date: ///9/2 ⁹ 2)